DBHDS

Virginia Department of
Behavioral Health and Developmental Services

THE OFFICE OF CULTURAL AND LINGUISTIC COMPETENCE

Biennial Report

Calendar year 2009 and 2010

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Message from the Director

Dear DBHDS Stakeholders:

It is with great pleasure that I present to you, the Office of Cultural and Linguistic Competence's (OCLC) first Annual Progress Report. The Office, through a multipronged strategy of education, service and research aspires to be the catalyst that brings practical strategies to eliminate disparities directly to our stakeholders – including state facilities, community services boards, private providers, and community organizations. The Office also seeks to answer key policy and practice-relevant questions that can pave the way for action to eliminate disparities in mental health and developmental services. We think we're making progress towards achieving these goals.

The need for transforming the way we relate to consumers is said best by an introduction to a report by The Substance Abuse and Mental Health Services Administration (SAMHSA). The introduction states, "Our nation continues to grow in diversity; our face, voice, and beliefs are forever changing. Despite the pace at which change in the healthcare marketplace is occurring, in many ways, the Nation's health delivery systems have not kept pace with our growing diversity. A significant disconnect has arisen between health care need and the availability and accessibility of relevant, culturally competent care for people who need it. Perhaps nowhere is the importance of culturally competent care greater than in the delivery of mental health services, where cultural issues and communication between consumer and provider are a critical part of the services themselves."

In an effort to begin addressing the complex layers of policies and practices that can promote or inhibit culturally competent care, DBHDS officially adopted the National Standards of Culturally and Linguistically Appropriate Services (CLAS) in February 2009 to serve as a practical framework for the implementation of services and organizational structures that can help our system be responsive to the cultural and linguistic issues presented by diverse populations. The CLAS standards have guided our work and our goals and will continue to do so in the future.

Our efforts to date have been focused on five major issues, Workforce development and training, community collaboration, language access planning, resource development, data collection, and consultation. We are delighted to share with you a snapshot of the progress we are making.

As we turn our attention to the next two years or so, we have set our sights on the following areas of focus.
1. System-wide Assessment of culturally and linguistically appropriate services.
2. Strengthening resources for training and workforce development.
3. Encourage and support the development of plans for organizational cultural and linguistic competence within system organizations.
4. Increase the language services infrastructure available to system stakeholders when working with limited English proficient populations.

Thank you for your interest and support in effort to strengthen our system's ability to provide culturally and linguistically appropriate health care to the Commonwealth.

Sincerely,

Cecily Rodriguez
Director,
Office of Cultural and Linguistic Competence
Cecily.rodriguez@dbhds.virginia.gov
804.786.5872

Acknowledgements

There are numerous people who support and contribute to make the activities of the Office a success. DBHDS Commissioner, James W. Stewart III, has been a long time supporter of diversity and cultural competency initiatives and has been essential in creating an expectation that this work is critical to our delivery of the highest quality of care across our system.

Without the vision and leadership of Neila Gunter, the Director of the Office of Human Resource Development and Management (OHRDM) and India Sue Ridout, Assistant Director of OHDRM, the Office would never have come into existence.

Last, but certainly not least, the work of the Office could not be accomplished without the dedicated and talented members of the Cultural and Linguistic Competence Steering Committee. It is through these individuals, that policies, procedures, research, training, and best practices have been developed and implemented successfully.

Thank you for the great part that each one of you plays in helping to improve the health of our communities.

Special thanks to the CLC Annual Report Subcommittee who made this report possible

- *Phil Floyd, BS, CPRP, QMHP, Rockbridge Area Community Services Board*
- *Nhat Nguyen, MSW- Fairfax-Falls Church Community Services Board*
- *Yvonne Russell, MA- Henrico Area Mental Health and Developmental Services*

Background

Three years ago, Former Commissioner Dr. James S. Reinhard committed to establishing an initiative that would provide resources and support to help our system to address cultural and linguistic competency and disparities in a systematic way.

In 2007, DBHDS held a statewide Workforce & Cultural Competency Conference. This initial gathering established definitions and concepts around cultural competency, discussed research, the impact of access on recovery, self determination, and empowerment. More than 300 participants attended workshops on managing a diverse workforce, creating a multicultural work environment, and much more. A year later, DBHDS convened a second conference where over more than 400 participants heard from nationally recognized presenters who challenged participants to explore how public policy and ethical issues impact linguistic & culturally diverse populations, how adaptations to evidence based practices provide improved services to multicultural consumers, and how important access to language services is in the work towards eliminating the disparities within the state's system.

Established in 2008 under the auspices of the DBHDS' Department of Human Resources Development and Management, the Office of Cultural and Linguistic Competence represents DBHDS's strong commitment to the elimination of disparities in mental health and developmental services and its efforts to implement a comprehensive and systematic approach to addressing these issues. The Office, along with a dedicated steering committee, leads efforts to provide improved services to multicultural consumers and works toward eliminating the disparities within the state's mental health and developmental services system.

About the Office of Cultural and Linguistic Competence (OCLC)

DBHDS defines culture in the broad sense, as there are other things in addition to race, language, and ethnicity that contribute to a person's sense of self. These may be more specific or more general subgroups based on attributes (such as gender or sexual orientation), or shared life experiences (such as survival of violence and/or trauma, education, or homelessness). Multiple memberships in subgroups contribute to an individual's personal identity and sense of "culture". Understanding how these factors affect a person is important to providing culturally competent care.

During the initial development of the office, the office focused on several key areas:

- Identifying critical data elements for measuring the agency's cultural and linguistic competence.
- Developing an agency cultural competence plan and coordinating its integration into agency policies, systems, program requirements and regulations.
- Providing resources and support for the implementation of cultural competence requirements of providers.
- Supporting development of guidelines for linguistic standards and a "needs assessment" for linguistic services.

Office of Cultural & Linguistic Competence Vision & Objectives

The DBHDS vision for culturally competent care is:

- Care that is given with understanding of and respect for the consumer's health-related beliefs and cultural values
- Staff that respect health related beliefs, interpersonal styles, and attitudes and behaviors of the consumers, families, and communities they serve
- Administrative, management and clinical operations that include routine assessments and implementation of processes which result in a workforce that is culturally and linguistically competent and a system that provides the highest quality of care to all communities

Cultural and Linguistic Competence Steering Committee (CLCSC)

The purpose of the CLCSC is to support the efforts of the Office of Cultural and Linguistic Competence in order to provide improved services to consumers and work toward eliminating disparities within the state's mental health, intellectual disability and substance-use disorder system.

Specifically, the CLCSC assists the Office in strategic planning, establishing subcommittees to accomplish the Office's activities, including data, training, policy, and resource development. Members of this committee bring their expertise and best practices to share with the system, advise the office on strategic planning and policy priorities, and help build support and momentum around on cultural and linguistic competence in their organizations.

Virginia: Changing Trends

In the Virginia Demographic Profile 2009, Virginia became the 12th most populous state of the nation reaching "7.77 million in 2008…with an annual growth of 1.12 percent since 2000," surpassing the national rate of 0.94 percent. The report also indicated that "three critical trends will shape Virginia's population over the next few decades: Selective decentralization, an aging population, and increasing racial and ethic diversity." Despite the trend that more people are moving out from Fairfax County and Virginia Beach City between 2000 and 2007, these localities showed a gain in population change "because the excess of births over deaths exceeded the number of individuals who moved away" (source: Weldon Cooper Center for Public Service, UVA).

"People are moving away from the state's central cities and counties to the surrounding suburbs and exurbs." Mobility and migration patterns contribute to the diversity of Virginia. There was a recorded increase of 224,000 foreign-born Virginians between the periods of 2000 and 2007, exceeding 794,000 in foreign-born (Table 1).

Table 1

	United States	Virginia	Maryland
Foreign-born population (excluding population born at sea)	38,059,555	794,246	694,590
Asia	26.8%	39.8%	32.8%
Latin America	53.6%	36.0%	36.7%
Europe	13.1%	12.0%	12.7%
Africa	3.7%	10.0%	16.1%
Other	2.8%	2.3%	1.7%

(Source: U.S. Census Bureau, 2007 American Community Survey)

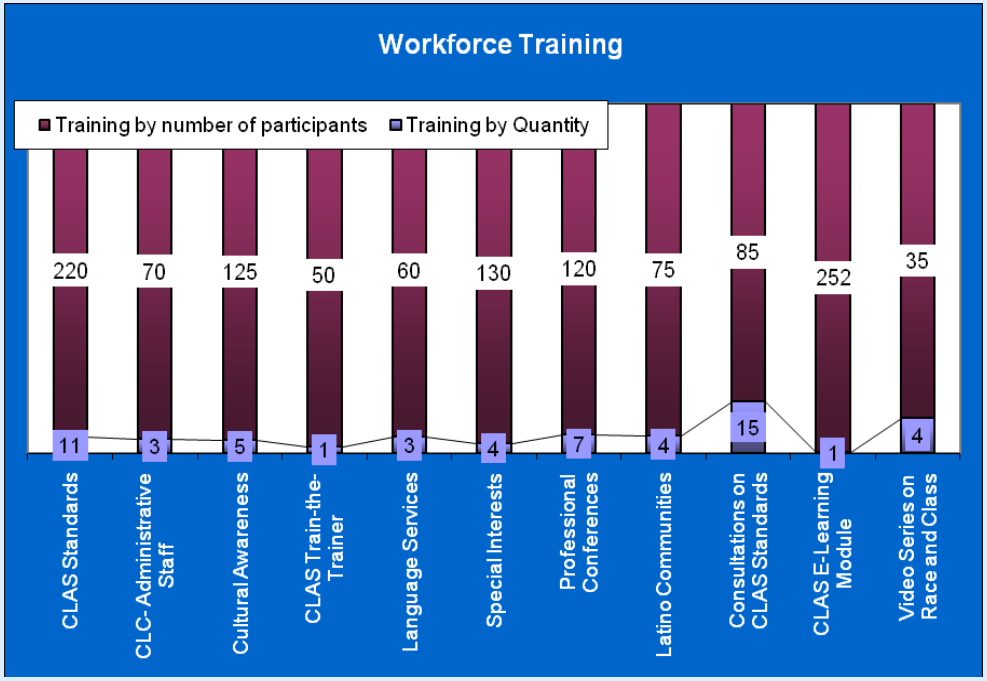
"The average age of the population will increase as the baby boom generation enters retirement age." Similar to the national pattern, Virginia's population will have more people living longer. Virginia's aging population will be older slower than the national average. The largest age group to increase is the 65 and over population. The percentages of growth are predicted to be 144 percent for males to females' 125 percent; however females outnumber males by almost 35 percent. The finding also shows that "the population that is over 74 is expected to increase by more than 500,000 people in Virginia."

"Rising immigration and births to immigrant parents and racially mixed couples will increase our racial and ethnic diversity." The third trend to the changing population of Virginia is the racial and ethnic diversity. "In 2007, for people reporting one race alone, 70.4 percent were White, 19.6 percent were Black or African American, and 4.8 percent were Asian…The proportion of Hispanics in Virginia (6.5 percent) was significantly lower than the national average of 15.1 percent." The Census Bureau reports that "minorities will represent a growing fraction of the under-65 population."

Overview of Activities and Accomplishments

Workforce Development and Training

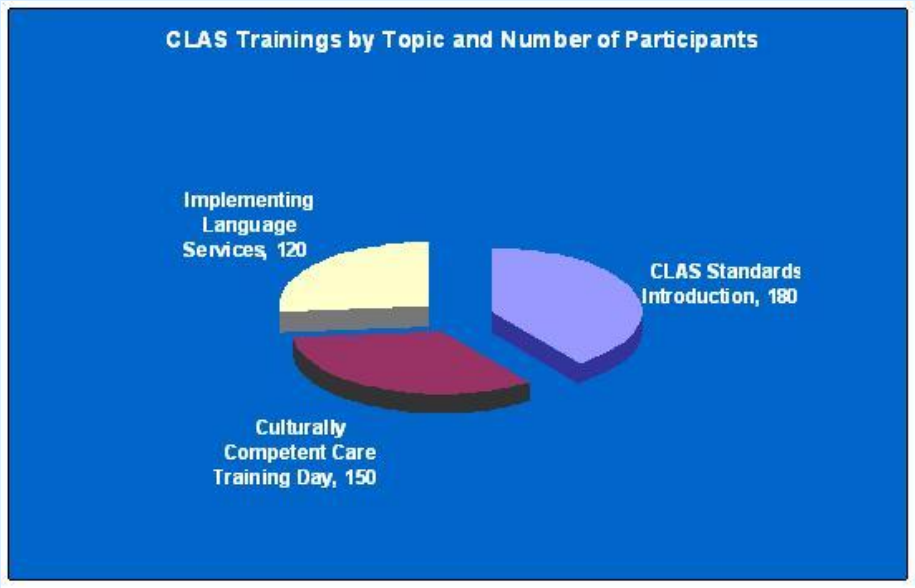
To effectively work with the individuals the Department serves, new employees in state agencies and organizations need cultural and linguistic competency training at the very moment they begin working in the Department. To this end, the OCLC offers a multitude of training across the system. The OCLC also identifies and develops methods to build capacity that will sustain training efforts of facilities, community service boards, and private providers. The chart to the right provides some examples of these efforts to date.



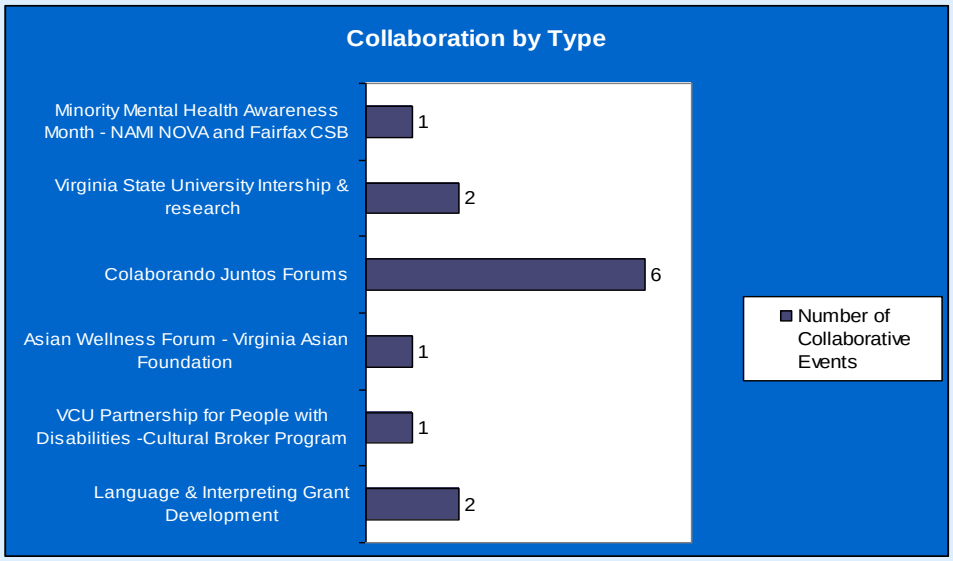
Providing training related to CLC plan development and the CLAS Standards were a priority this year. To address this goal, three day long conference were developed to explore the CLAS Standards and the way they might be used to advance cultural competence in our organizations. Details of those trainings can be seen in the chart to the right.

"The Presenters provided practical and functional information that will be used in my daily practice. I learned a significant amount of new information."

"I thoroughly enjoyed this session -- great material, well presented and relevant, interesting activities. As testament as to how well received they were, they went about 20 minutes over and not one person got up to leave!!"



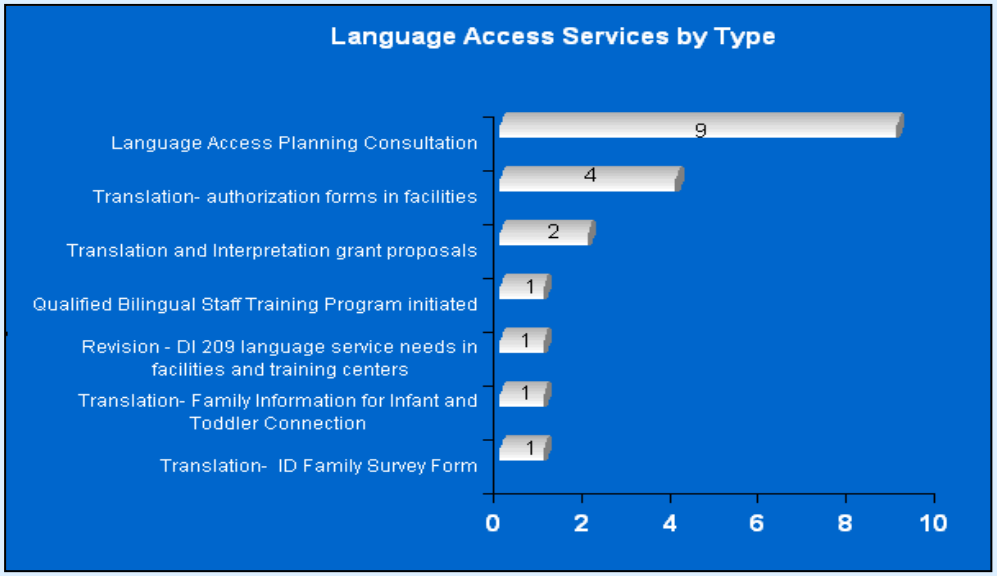
Community Collaboration



The process of community engagement often involves integrating practices of preventing discrimination, correcting imbalances, and managing relationships of difference. A multicultural approach is often the most appropriate approach. These tools can help to increase diversity, promote cultural competence, and enhance organizational credibility and effectiveness in your project or program. As a result, the overarching mission of the OCLC is to engage the community in decision making, training, and program development in the behavioral health and developmental services system. To date, we have worked to develop the following partnerships and activities.

Language Access Planning

Limited English proficiency among patients can result in the provision of substandard health care due to inaccurate or incomplete information. Language barriers can also increase the cost of care. They are a primary reason why LEP populations disproportionately underutilize less expensive and quality-enhancing preventive care. In addition, an inability to comprehend the patient, mixed with a fear of liability, can lead some providers to avoid LEP patients altogether or, in the alternative, to order expensive, otherwise avoidable tests. Accurate communication ensures the correct exchange of information that allows patients to provide informed consent for treatment. Competent interpretation has also been found to avoid incorrect diagnoses and delays in care. Numerous studies have documented the problems associated with a lack of language services, including one by the United States Institute of Medicine, which stated "*Language barriers may affect the delivery of adequate care through poor exchange of information, loss of important cultural information, misunderstanding of physician instruction, poor shared decision-making, or ethical compromises (e.g. difficulty obtaining informed consent)." Linguistic difficulties may also result in decreased adherence with medication regimes, poor appointment attendance, and decreased satisfaction with services.*[1]



[1] Institute of Medicine, Unequal Treatment: Confronting Racial and Ethnic Disparities in Health, at 17 (2002).

Since the DBHDS system is legally required to comply with Title VI of the Civil Rights Act of 1964 and the provisions that prohibit us from discriminating on the basis of national origin, the OCLC focuses much of its time and resources on helping the system develop efficient and effective language services and policies. Some examples of these activities are detailed in the chart above.


Providing Cultural and Linguistic Appropriate Services

As Virginia diversifies, its behavioral and developmental health care services system must be ready to provide culturally and linguistically competent care. This requires incorporating skills, attitudes, and policies to ensure the system effectively addresses the needs of those with diverse values, beliefs, sexual orientations, and backgrounds that vary by race, ethnicity, religion, and language. The Department of Behavioral Health and Developmental Services (DBHDS) advocates that all stakeholders be trained to reflect cultural and linguistic diversity as a basic civil right (USDOJ, 1964).

DBHDS' vision for competent care is:

- Care given with respect for individuals' health-related beliefs and cultural values;
- Staff that respect health-related beliefs, interpersonal styles, attitudes and behaviors of the individuals and communities they serve; and
- A culturally and linguistically competent leadership and workforce resulting from effective administrative, management and clinical operations, including individualized assessments.

Why is Cultural and Linguistic Competence Important?

Individual and organizational cultural and linguistic competence ensures equal access to services, higher quality of services, and better outcomes for everyone in the community regardless of cultural background or language.

Cultural Diversity: The differences between people based on a shared ideology and valued set of beliefs, norms, customs, and meanings evidenced in a way of life (American Nurses Association, 1986).

Cultural Sensitivity: Knowing cultural differences and similarities exist, without assigning them values; i.e., better or worse, right or wrong (National Maternal and Child Health Center on Cultural Competency 1997).

Linguistic Competence: The capacity of an organization and its personnel to communicate effectively and convey information in a manner that is easily understood by diverse audiences, including persons of limited English proficiency, those with low literacy skills or who are not literate, and those with disabilities (Cross et al., 1989).

Cultural Competency: The acceptance and respect for difference, continuing self assessment about one's own or another culture, attention to the dynamics of difference, ongoing development of cultural knowledge and resources and flexibility to work towards better meeting the needs of diverse populations (Cross et al., 1989).

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care

CLAS standards are guidelines established by the U.S. Health and Human Services Department, Office of Minority Health (OMH). These 14 standards apply to all health care organizations receiving federal funds.

The 14 standards are organized by themes:

- Culturally Competent Care (*standards 1-3*);
- Language Access Services, implementation is mandatory (*standards 4-7*); and
- Organizational Supports for Cultural Competence (*standards 8-14*).

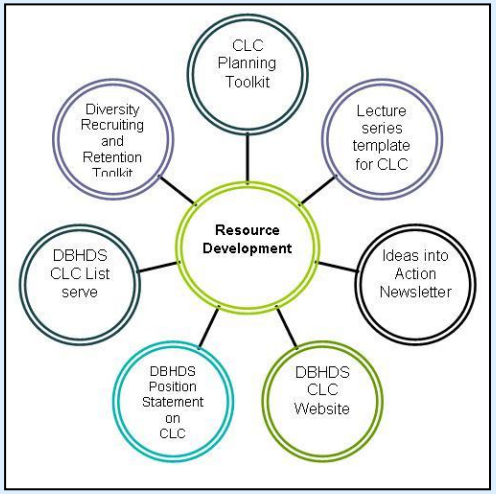
Within this framework, there are three types of standards - mandates, guidelines, and recommendations, as follows:

1) CLAS mandates are current federal requirements for all recipients of federal funds.
2) CLAS guidelines are activities recommended by OMH for adoption as mandates by federal, state, and national accrediting agencies.
3) CLAS recommendations are suggested by OMH for voluntary adoption by health care organizations.

Resource Development

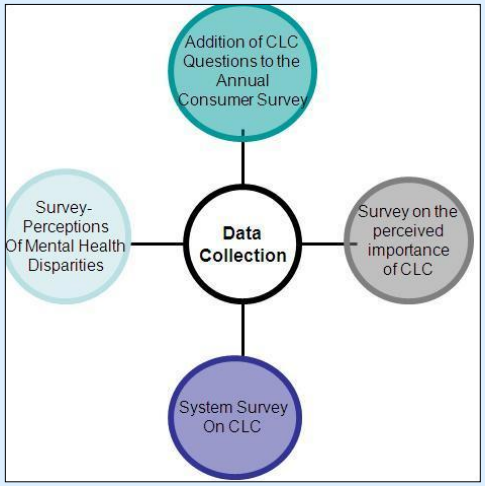
The DBHDS system has sixteen state operated facilities, forty community service boards with countless buildings and programs and over one thousand private providers of services. In this system, there are tens of thousands of employees that touch our consumers' everyday. If the OCLC is to support this system and make an impact on the quality of care for diverse communities, it is clear that resources must go beyond simple face to face training opportunities.

Additionally, OCLC has distributed more than two thousand CLAS bookmarks and posters to providers and agencies for educational purposes in the past two years. Examples of our multi-prong strategy to build cultural competence capacity identifies in the chart to the right.



Data Collection

Numerous studies document that racial and ethnic minorities often receive lower quality care than non-minorities. Although much information on health care comes from health care organizations, data on race, ethnicity, and primary language are often unavailable or incomplete. In addition, Deaf and hard of hearing populations face challenges in accessing high-quality health care. According to the National Institute on Deafness and Other Communication Disorders report, "Statistics about Hearing Disorders, Ear Infections, and Deafness" (2007), approximately 28 million Americans have hearing loss. Valid and reliable data are fundamental building blocks for identifying differences in care and developing targeted interventions to improve the quality of care delivered to specific populations The capacity to measure and monitor quality of care for various racial, ethnic, and linguistic populations rests on the ability both to measure quality of care in general and to conduct similar measurements across different racial, ethnic, and linguistic groups. This diagram to the right shows our activities related to data and research.

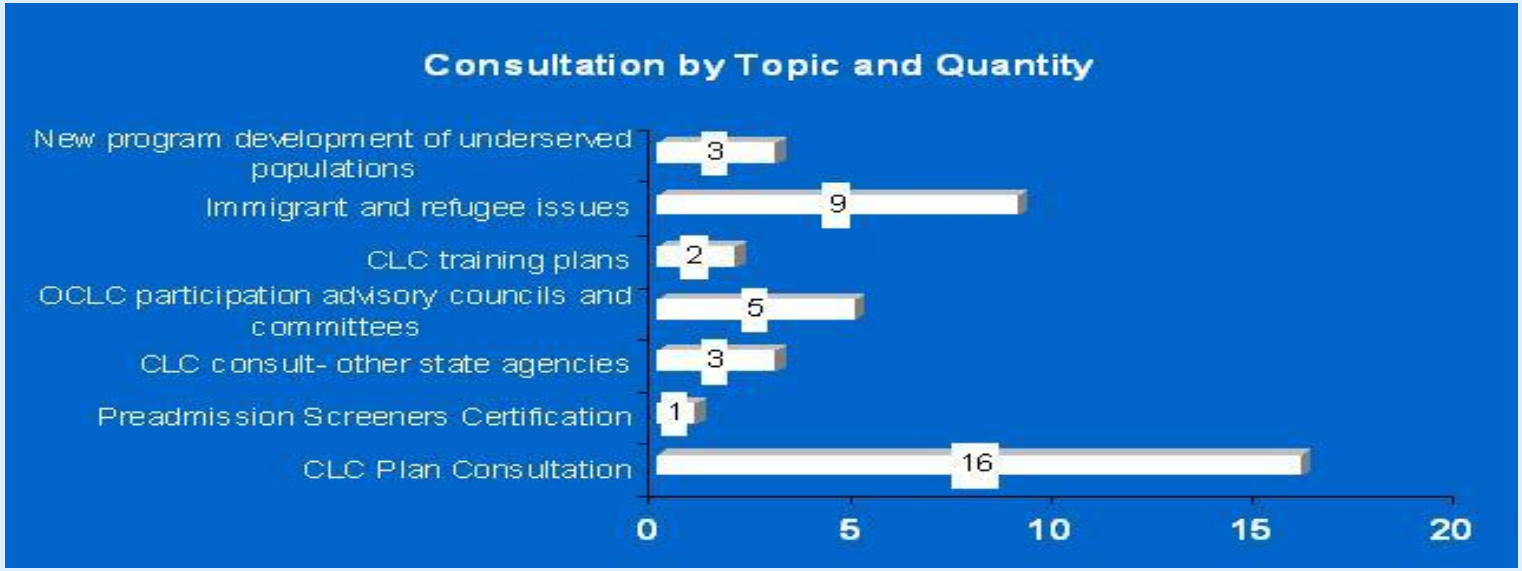


Policy Development

Cultural competence requires that organizations incorporate culturally and linguistically appropriate practices in all aspects of policy making. In 2010, DI 209(RTS)95 -- Language Access Services for Individuals with Limited English Proficiency or Other Communication or Language Barriers was updated to provide guidance on language services for all DBHDS facilities. This Instruction establishes guidelines for providing effective language access services for individuals receiving services in state hospitals or training centers and their authorized representatives who have limited English proficiency (LEP), sensory disabilities that present communication barriers, or other communication or language impairments.

Consultation

Currently, there is currently little infrastructure for connecting with cultural and language resources across the Commonwealth, the OCLC serves as a repository for information and referrals for these topics. OCLC provides information on developing organizational cultural competence, working with diverse communities, language access planning, committee development, and training. Some examples of these activities are listed in the chart below.



Statewide Cultural and Linguistic Competence Steering Committee Members

Angela Torres	Central State Hospital
Annette McPhatter	Eastern State Hospital
Barbara Garner	Fidura & Associates
Bernie Gerring	Southside Virginia Training Center
Brinda Fowlkes	Piedmont Geriatric Hospital
Chris Khellaf	Northern Virginia Mental Health Institute
Debbie Boelte	Southwest Virginia Mental Health Institute
Debi Edwards	Hampton-Newport News Community Services Board
Deborah Elliott	Eastern State Hospital
Deirdre Ramirez	Piedmont Geriatric Hospital
Dina Hackley-Hunt	Blue Ridge Behavioral Health
Don Roe	Commonwealth Center for Children & Adolescents
Elaine Breathwaite	Portsmouth CSB
Eva Parham	Central State Hospital
Franessa Ortiz	Henrico Area Mental Health and Developmental Services
Juliette Milushev	Alexandria CSB
Kathy Baker	Valley CSB
Kimberly Gamble	Family Systems
Laura Nguyen	Richmond Behavioral Health Authority
Lora Rose	Community Alternatives, Inc.
M. Cecilia Terrones	Hampton-Newport News Community Services Board
Marcus King	Hampton-Newport News Community Services Board
Maxcine Maxfield	Piedmont Geriatric Hospital
Micheal Tutt	Richmond Behavioral Health Authority
My Lan Tran	Virginia Asian Foundation
Nancy Castellon	Friends for Recovery
Nellie Coleman	Piedmont Geriatric Hospital
Nhat Nguyen	Fairfax-Falls Church CSB
Pamela Lewis	DMAS
Patrick Taylor	Commonwealth Catholic Charities
Phil Floyd	Rockbridge Area Community Services Board
Phyllis Pugh	Hampton-Newport News Community Services Board
Rhonda Thissen	DBHDS- Central Office
Steven Hixon	Henrico Area Mental Health and Developmental Services
Susan Elmore	DBHDS Central Office
William Williams	Fairfax-Falls Church CSB
Wilma Mullins	DBS Family Services
Yvonne Russell	Henrico Area Mental Health and Developmental Services

Appendix

Detailed listing of OCLC activities

Workforce Development and Training

- Presentation about the Office of CLC to the Deaf and DeafBlind and Hard of Hearing Advisory Board
- CLAS Standards Training by Cathy Cave. 50 people attended
- Understanding Ourselves to Ensure Culturally Competent Care Presentation Training Southwest Virginia Mental Health Institute
- Cultural and Linguistic Competency Lecture Series Template developed. Includes What is Culture and Cultural Competency, How to work with an interpreter, how to work with African Immigrants, Working with Veteran's, working with the Deaf and DeafBlind.
- Brown Bag Video Series- Race- The Power of an Illusion.
- Developed presentations on the Importance of Working with Certified Interpreters, a Cultural Context for the Delivery of Health and Human services, Building CLAS in your organization, Developing a CLC Plan, CLC in Consumer Run Organizations, Why Collect Language Data, and Orientation to DBHDS Services for New Interpreters.
- VACSB Conference Workshop
- VA Association of Community Psychiatric Nurses Conference Presentation
- Rockbridge CSB- Presentation to Staff Development Team
- VOCAL Conference
- What is Culture and Cultural Competency Presentation at NVMHI
- Understanding Ourselves to Ensure Culturally Competent Care Presentation at VOCAL Consumer-Run Organization Statewide Conference
- VA Association of Reimbursement Officers Conference
- Keynote Speaker at NVTC - Cultural Sharing and Celebration
- "It all Starts at the Front Desk" workshop at Rappahannock Area CSB

- Henrico Area MHMRSAS Leadership Presentation on CLAS
- What is Culture presentation at NVMHI
- CLAS Presentation to Facilities Directors Meeting
- CLC Presentation to SOCAT
- Virginia Association of Reimbursement Officers Annual Conference
- Regional Training on CLAS and plan development at Gay Community Center of Richmond
- CLC presentation at Alexandria CSB Management Team
- Presentation to Facility nurse executives
- presentation to Greater Williamsburg Volunteer administrators re organizational cultural competence
- Presentation on developing CLC plan at Virginia Supportive Housing
- Presentation on organizational CLC at nurses executive meeting at WSH
- Presentation on organizational CLC to Virginia State University Community Health psychology students
- COMPETENT CARE Training at Glen Allen Cultural Arts Center
- Presentation at PGH Diversity Day

- Virginia Summer Institute of Addiction Studies with Dina Hunt and Nhat Nguyen
- Presentation on CLC and CLAS at PGH
- Language Access Training Day 120 participants.
- Collaborations Conference VA Access DD conference with Daisy Maldonado
- CLAS Workshop at SWMHI with Dina Hunt
- Working with the Latino Community Presentation at Blue Ridge Behavioral Health
- CLC Planning presentation at Barry Robinson Center
- CLAS Presentation at the Virginia Board for People with Disabilities
- Safe and Drug-Free Schools and Communities grantees presentation on Latino community- a cultural context
- Area Planning and Services Committee for Aging with Developmental Disabilities Annual Conference Presentation on CLC
- Keynote speaker at Cultural Day at NVTC
- Keynote Speaker at Family Day at PGH
- Collaborate with Sharon Khoeler on training modules for "training and certification" of emergency services workers (preadmission screeners)—entitled "Overcoming Language and Cultural Barriers"
- Rappahannock Area CSB presentation on Engaging the Latino Community

Community Collaboration

- Facilitate discussion on Race at Jepson School of Leadership Studies Conference on Race
- partnership with VSU Dept. of Psychology Doctoral program to data analysis on disparities in Mental Health
- Developed partnership with Virginia's Family to Family Health Information Center Cultural broker program for children with disabilities
- VCU Partnership for People with Disabilities Family to Family Leadership Team- Intro to CLC and plan development
- Participate in planning and present at Asian Wellness Forum with Virginia Asian Foundation
- Training and consultation to Virginia Supportive Housing (licensed private provider) on developing a cultural and linguistic competence plan
- Minority Mental Health Awareness Month event in partnership with NAMI NOVA and Fairfax CSB
- Partnership with Colaborando Juntos and Henrico CSB on working with interpreters- 50 people in attendance
- Partnership with Language Manager at DRS on developing a presentation for the collaborations conference for people with disabilities
- Colaborando Juntos presentation on Latinos and Domestic Violence: Effective Outreach and Treatment Approaches
- Collaboration with Colaborando Juntos presenting on implementing effective HIV and AIDS programs in the Latino Community
- Partnership with United Way 211 to develop multicultural/multilingual service provider listing

Language Access Planning

- Translation of ID Family Survey for the Verity Teleform software
- Developed Statewide workgroup to translate facility forms and individual instructions

- Translated and edited the Family Information Sheet for Infant and Toddler Connection Part C
- Provided consult and translation support to Infant and Toddler connection for providing complaint process and forms in alternative languages
- Wrote and collaborated on Language Services Assessment and interpreting grant for NVMHI
- Presentation to HIM directors on translating pertinent documents
- Identification of critical facility documents
- DI 209 Language Access Draft to Commissioners Office, OAG, and field review
- Completed Qualified Interpreter Train the Trainer Program
- Translated Facility required forms into Spanish
- Submitted grant proposal to ViaLanguage for translation grant
- Language Access Training Day (Sept 2010) 120 participants- 50 more wished to register but could not

Resource Development

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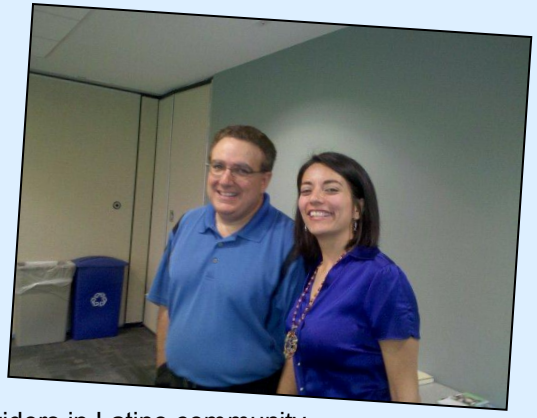
- OCLC Webpage
- Position Statement of Culturally and Linguistically Appropriate Services
- Developed CLC and targeted recruitment plans
- CLC Plan Toolkit developed
- CLC Newsletter distributed bi-monthly.
- Completed National Policy Summit on Mental Health Disparities Application
- Completed National Alliance of Multi-Ethnic Behavioral Health Association and HUMMRO's Cultural and Linguistic Competence Training-of-Trainers pilot program

Data Collection

- CO Survey on the importance of CLC
- Inclusion of CLC questions on the Annual Consumer Survey for adults and children
- Survey- Perceptions of mental health disparities
- Survey- A Review of CLC in the VDBHDS System



Consultation

- CLC planning at Blue Ridge BHC
- CLC planning at VOCAL
- Consulted on priorities for interpreting services for LEP consumers at Henrico CSB
- Providing consult on a cultural and linguistic competency plan for SVTC
- Provided background and input on the CLC portion of the DBHDS Comprehensive State Plan
- Consulted with Jim Rothrock at DRS in the development of cultural and linguistic competence initiative at Department of Rehab Services
- Interview panel for DRS Statewide multicultural manager and provided training to new hire
- Collaborate with Governor's Hispanic Liaison Officer to develop behavioral health program for service providers in Latino community
- Worked with Cheryl Henry - Acting OCR Program Administrator at DSS to provide technical assistance and develop a Cultural Diversity and Competency Committee
- Participate on State CLC Network Advisory Committee at the National Center for Cultural Competence
- Consultations with Central Virginia CSB diversity committee regarding training program
- Consultation with VCBR on assessing and planning their CLC initiatives

- Member of the Governor's Office of Substance Abuse Prevention Strategic Prevention Framework Steering Committee for FY 10-11
- Consulted with PGH on immigration issues and contract speaker for training
- Consulted with Children's Services on effective language for collecting demographic information
- Facilitator CJ Strategic Planning Initiative
- Consulted with Office of Substance abuse about trainer for trauma and refugee training
- Consult with Office of Behavioral Health on Latino mental health consumer run services
- Consulted with VDBVI on CLC strategies
- Consult and present to leadership team at Hanover CSB
- Participate on the Virginia Supportive Housing- Housing Infrastructure Grant Advisory Committee

For more information see the DBHDS OCLC website